

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1								31							
2								32							
3								33							
4		2						34							
5		2						35							
6		3						36							
7		3						37							
8		3						38							
9		3						39							
10		3						40							
11		3						41							
12	1							42							
13		1						43							
14		1						44							
15		2						45							
16		2						46							
17		3						47							
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46															
47															
48															
49															
50															
TOTAL IND.	2							TOTAL IND.							
TOTAL DEP.	39							TOTAL DEP.							
TOTAL CLAIMS	41							TOTAL CLAIMS							

98  
2  
1/4  
1/4  
22  
1/4  
1/4